#### **APPLICATION DATA SHEET**

#### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: No

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: LOW-BACKSCATTER APERTURE

STRUCTURE

Attorney Docket Number:: 920070.407

Request for Early Publication?:: No

Request for Non-Publication?:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

## **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Clarence

Middle Name:: E.

Family Name:: Rash

Name Suffix::

City of Residence:: Enterprise

State or Province of Residence:: Alabama

Country of Residence:: US

Street of mailing address:: 110 Victoria Drive

City of mailing address:: Enterprise

State or Province of mailing address:: Alabama

Country of mailing address:: US

Postal or Zip Code of mailing address:: 36330

## **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name:: C.

Family Name:: Mora

Name Suffix::

City of Residence::

State or Province of Residence:: North Dakota

Country of Residence:: US

Street of mailing address:: Box 577

City of mailing address:: Fort Rucker

State or Province of mailing address:: Alabama

Country of mailing address:: US

Postal or Zip Code of mailing address:: 36362

**Correspondence Information** 

Correspondence Customer Number :: 30465

Representative Information

Representative Customer Number:: 30465	
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# **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee name::	U.S. Army Medical Research and Materiel Command
Street of mailing address::	504 Scott Street
City of mailing address::	Fort Detrick
State or Province of mailing address::	Maryland
Country of mailing address::	US
Postal or Zip Code of mailing address::	21707-5012

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